

**Teacher Education Departmental Override Form**

Please print clearly

Student 870 \_\_\_\_\_

Student Name \_\_\_\_\_ Major \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Course # \_\_\_\_\_ Section \_\_\_\_\_ CRN \_\_\_\_\_

Instructor Signature \_\_\_\_\_

**Instructions:** You may email or contact the instructor of the class to ask for an override. It is solely the discretion of the instructor as to the permission to enter the class.

Please note: When 073 W (D W n 2.831 6829.83 3.59 W (E W D W t 174 ( 0.00w.3. 6629.83 3.59 2 h W (D W 1. t) .88 (

DEPARTMENT *of* KINESIOLOGY & PHYSICAL EDUCATION

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**LOCATION** College of Education & Human Services

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